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NATIONAL SOCIETY FOR CRIPPLED CHILDREN, ELYRIA, OHIO

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OF INTEREST TO CRIPPLED CHILDREN WORKERS

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INTRODUCTION

It has long been felt that much of the literature coming to our library would be of interest and help to many workers who do not have access to it otherwise and who have not made a practice of using our library service. We are therefore offering this bibliography and digest, and if the reaction to it, as measured by the number and character of the enclosed reply cards which are filled in and returned, is favorable, this Bulletin will become a regular monthly publication.

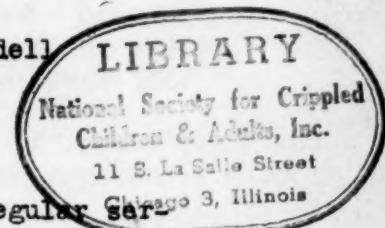
For the convenience of those who consult this reference list, the articles have been listed alphabetically under the general classifications, "education," "prevention and research," "treatment," etc.

It will be noted that in some cases a digest of the article is given which includes all the important facts contained therein, while in other cases a description of the article is given to help the reader determine whether that particular article would be of interest to him. In cases where the nature of the article precludes the first procedure and the completeness of the title makes the second unnecessary, no annotation follows the reference.

Because all crippled children workers receiving this Bulletin would already be subscribers to our magazine, THE CRIPPLED CHILD, articles appearing in the magazine would not be digested or reviewed.

The references listed in this Bulletin may be borrowed free of charge from the Bureau of Information in accordance with our regular loan library rules. Bibliographies of additional references on the subjects discussed in any of these articles will be prepared and sent upon request.

Lillian Dowdell
Librarian



Note: This Bulletin would become one of the regular services to the Institutional Members of the National Society for Crippled Children.

ARTICLES OF GENERAL INTEREST

Burns, Harry B., M. D. and Charles C. Wilson, M. D. Shall Departments of Education furnish treatment of defects found in medical and dental examination of children? School Life, (United States Office of Education, Washington, D. C.) January, 1940. Vol. 25, No. 4, page 112.

From the affirmative, by Harry B. Burns, M. D., Director, Department of Hygiene, Public Schools, Pittsburgh, Pennsylvania:

"We are confronted at this stage of evolution of the school health program with the problem of a further step, i.e., the provision of treatment by the educational authorities for those children found physically handicapped or diseased who cannot and do not secure such treatment otherwise.

"To assume that a raw material so infinitely variable in fitness and so subject to depreciation as that presented by school children should be accepted by departments of education as a situation they must not deal directly and efficiently and economically with when necessary, through the simple straightforward process of providing medical service, just as they now provide a thousand and one other items of equipment, supplies, and service, is unthinkable."

From the negative, by Charles C. Wilson, M. D., Director, Physical and Health Education, Board of Education, Hartford, Connecticut:

"...there are many important things which schools should do in the field of health - things which are school responsibilities and cannot be delegated to others. Among those responsibilities I would include a program of health instruction, special programs for handicapped pupils, provision for emergency care of accidents and sudden sickness, a program of examinations and follow-up, and provision of healthful environment; but, I would not include the furnishing of medical or dental treatment as a responsibility of the school health program.

"...Provision of medical and dental treatment for needy school children is only a part of the larger problem of supplying these services to all needy individuals, adults, and preschool children, as well as to school children. ...Departments of health and welfare can supply treatment to school children in the same way they supply treatment to adults and preschool children - thus eliminating the need for departments of education to conduct duplicating programs."

Compilation of the Social Security Laws - including the Social Security Act Amendments of 1939 and other enactments of the 76th Congress, 1st Session. (Social Security Board, Federal Security Agency, Washington, D. C.) pages 30-38.

Hurt, Sue, O. T. R. Introducing occupational therapy for orthopedic and surgical conditions to physicians unfamiliar with its use. Occupational Therapy and Rehabilitation, (Williams & Wilkins Co., Mt. Royal and Guilford Avenues, Baltimore, Md.) December, 1939. Vol. 18, No. 6, page 391.

"...many of us find ourselves faced with the problem of interpreting our work to doctors who know very little about it, and who apparently think it of too little import to take seriously.

"...I think that the more specific we can be about our aims and about our methods of treatment, the sooner we will be taken seriously. Our

aims, of course, add up to a rehabilitated patient, which means not only restored physical function, but also mental and emotional adjustment. Our means of accomplishing this is through stimulation of the patient to guided self-help.

"...There seems to me to be four avenues of approach to the doctors - general propaganda, individual contacts, records and reports, and group contacts. ...In the final analysis, our best selling point is the patient - the rehabilitated patient, who not only has the physical mechanism in good working order, but who has the will to use it."

Potts, Mary, R. N. Fourth World Conference of Workers for Cripples. The Physiotherapy Review, (The American Physiotherapy Association, 737 N. Michigan Ave., Chicago) January-February, 1940. Vol. 20, No. 1, Page 20.

This article briefly and interestingly describes the experiences of the delegates to the World Congress held in London last July. Miss Potts gives in a few words the subject and trend of thought of each address delivered, describes the visits to English institutions and the institutions themselves, and even tells of the formal dinners and other social events of the Congress.

E D U C A T I O N

Farson, Mabel R. Education of the handicapped child for social competency. Journal of Exceptional Children, (1235 West Michigan Avenue, Lansing, Mich.) January, 1940. Vol. 6, No. 4, Page 138.

"The physically handicapped child from an early age has forced upon him the recognition of the fact that he cannot do many of the things that other children do. ...This makes for a feeling of frustration, which sows the seed of maladjustment, usually long before the child enters school. ...Obviously we should strive to negate insofar as possible feelings of inferiority and the most effective way of doing this is to create opportunities for the feeling of satisfaction which comes from achievement.

"...For example, the child with a badly crippled body may, through his school, have revealed to him the delights of intellectual achievement and experience, a compensation for his physical inadequacy in his mental prowess.

"...In the case of the physically handicapped child, our efforts should be bent to giving as good an education as he can take; and wherever possible some definite vocational training to fit the child to earn a living along lines possible for one with his handicap. In our attempts to adjust a child and to help him to overcome his feeling of inferiority, however, we should guard against letting him gain an exaggerated idea of his abilities. There is some tendency toward this. Parents feel that since he cannot do manual work, he must work with his mind and lead him to plan for professional and other careers, for which he does not have sufficient mental ability.

"...In the special class often the competition in this limited group is not so keen as in the regular grades with their greater range of abilities. The smaller special classes which permit greater individual attention by the teacher also enable a child to achieve a maximum level

which would not be possible with less help and thus a false impression of ability results. Sometimes we find that children who have completed the eighth grade in the classes for the physically handicapped find it impossible to compete adequately in the senior high schools since they lack the intellectual complexity to function at this higher level.

"...The failure under normal competition of a misguided child who has been led to believe that he is very good in his intellectual achievement may result in a worse maladjustment than had he never experienced his temporary false security."

Wepman, Joseph M. Problems of speech. The Physiotherapy Review, (The American Physiotherapy Association, 737 W. Michigan Ave., Chicago) January-February, 1940. Vol. 20, No. 1, page 3.

This article explains, and gives case histories to illustrate, each of the following four main categories of speech defects: defects of articulation, defects of phonation, defects of symbolization and defects of rhythm. One case history is that of a nineteen-year-old girl with hemiplegia; another is that of a sixteen-year-old boy with a congenital cleft of the hard and soft palate.

RESEARCH AND PREVENTION

Group discussion material on accident prevention, 1939 Edition. (American National Red Cross, Washington, D. C.)

"...the Red Cross supplies this 'Material for Group Discussion on Home and Farm Accident Prevention' to lecturers and group discussion leaders of Red Cross Chapters and other organizations, or of specially organized groups, to assist them in fostering accident prevention among their members. ...An appendix has been prepared for each topic, containing statistical compilations and newspaper case stories pertinent to the subject under consideration. More information has been provided than could possibly be used in the (outlined group instruction) course, limited to six sessions."

Learned, Richard Adams. First Aid is too late! Hygia, (American Medical Association, 535 North Dearborn Street, Chicago) January, 1940. Vol. 18, No. 1, page 38.

"Still, when you have said all there is to say about first aid, ...there is one thing that may make it unnecessary ...and that one thing is care. ...A recent worldwide study of the statistics of accidents showed that 90 per cent of all accidents can be avoided by the exercise of proper care."

Murphy, D. P., M. D. Frequency of congenital malformation in families. The Journal of the American Medical Association, (American Medical Association, 535 North Dearborn Street, Chicago) January 13, 1940. page 142.

This editorial concludes that malformation at birth seems to be dependent on conditions which affect the germ cells prior to conception and is probably not influenced by factors which arise during pregnancy, and that malformations are not due to syphilis or any other disease of the parents. From an analysis of information on death certificates, it is shown that

the frequency of birth of subsequent malformed offspring was twenty-five times greater in families already possessing a malformed child than in the general population, and that the older the mother, the more likely she was to give birth to a congenitally deformed child. The later born children in a family are more likely to be congenitally malformed than are the first born. The malformed child is less likely to go to term than the normally developed child. Periods of relative sterility are likely to precede the births of congenitally malformed children. In families possessing two or more malformed children, the defects in the subsequent offspring are identical with those in the previous defective in approximately 50 per cent of instances. The diets of the mothers of defective children are found to be significantly lacking in adequate amounts of calcium, viosterol, iron and vitamins B. C. and D.

New infantile paralysis leads may reveal way it spreads. Science News Letter, (Science Service, Inc., 2101 Constitution Avenue, Washington, D. C.) January 27, 1940. Vol. 37, No. 4, Page 52.

"...scientists are following new trails in their search for ways of preventing the disease. Saliva from mouths of infantile paralysis patients both before paralysis sets in and during the paralytic stage is going to be examined for the virus that causes the disease.

"...Where do healthy carriers carry their germs?... Complete information on this point will be sought by examination of all the tissues of the bodies of patients who die of the disease. ...another line of research (is) testing the virus-killing power of chemicals, which may help with the problem of infantile paralysis and of other virus-caused diseases."

Parran, Thomas, M. D. Nutrition: Its public health aspects. From "New Light on Old Health Problems, the Proceedings of the Seventeenth Annual Conference of the Milbank Memorial Fund held on March 23 and 24, 1939. (Milbank Memorial Fund, 40 Wall Street, New York, N. Y.) Page 27.

Pathology of poliomyelitis experimentally induced in the eastern cotton rat, *Sigmodon hispidus hispidus*, The. Public Health Reports, (Government Printing Office, Washington, D. C.) January 19, 1940, Vol. 55, No. 3, page 115.

Pritchard, Elizabeth G. Motion picture films for health and safety education available from five state agencies. The Health Officer, (U. S. Public Health Service, Washington, D. C.) December, 1939. Vol. 4, No. 8, page 300.

"Current catalogs of educational motion picture films have been received by the Information Service, Division of Sanitary Reports and Statistics (U. S. Public Health Service), from five state agencies.... The five agencies list a combined total of 140 titles on health and safety subjects, some of which are available both in sound and in silent films. ...The ...list (given in this article) combines the information given in the catalogs as to film size, whether sound or silent, producer, date of production, and which of the five agencies list the subject. Where titles are not self-explanatory, brief annotations have been adapted from the descriptions given in the catalogs."

Some new data on the distribution of poliomyelitis virus. Public Health Reports, (Government Printing Office, Washington, D. C.) January 5, 1940. Vol. 55, No. 1, page 25.

"Members of the Department of Medicine of Yale University have recently demonstrated, for the first time, the presence of poliomyelitis virus in sewage. ...Inocula prepared from a sample taken from a pumping station at which sewage was received from a hospital where poliomyelitis patients were isolated caused experimental poliomyelitis in two monkeys."

"The facts developed from the study of ... (an) institutional outbreak, in which the virus of poliomyelitis was recovered from the stools of 3 out of 12 apparently healthy children in contact with cases and in a healthy adult nurse intimately associated with cases, support the theory that the infection is transferred by direct personal contact and offer corroborative evidence that the virus of poliomyelitis is probably spread throughout the general population by healthy carriers."

T R E A T M E N T

Foss, Helen S. and Margery L. Wagner. Scoliosis: treatment by derotation. The Physiotherapy Review, (The American Physiotherapy Association, 737 N. Michigan Ave., Chicago) January-February, 1940. Vol. 20, No. 1, Page 10.

Girard, P. M., M. D. Functional scoliosis. Public Health Nursing, (National Organization for Public Health Nursing, 50 West 50th Street, New York, N. Y.) January, 1940. Vol. 32, No. 1, page 6.

"What is the cause of functional scoliosis? Can it be prevented? How is it treated? The simple terminology used by the author in answering these questions makes the article suitable for the nurse, teacher, and other worker interested in the prevention and early treatment of this deformity."

Gleave, Margaret, O. T. R. Prize Essay - a new loom for the application of occupational therapy. Occupational Therapy and Rehabilitation. (Williams & Wilkins Co., Mt. Royal and Guilford Avenues, Baltimore, Md.) December, 1939. Vol. 18, No. 6, page 385.

This article tells the story of, and gives directions for making, an upright foot-powered bed loom. A detailed drawing to help in the construction is also given.

"Holding muscle tone or developing it where the balance about a joint is lost, with patients who are bedridden yet capable of some motion, has long been a problem of the occupational therapist. ...There are many ...functional possibilities to this loom that will develop as it is used with different types of bed cases. The adaptability of this loom is such that it may also be operated while the patient is in a sitting position. ...By offering more resistance in the mechanism of the loom, all active motions may be further graded as the patient improves."

John, Rutherford L., M. D. Spastic paralysis. The Physiotherapy Review, (737 N. Michigan Avenue, Chicago.) November-December, 1939. Vol. 19, No. 6, page 327.

"...any form of treatment, operative or otherwise, is only an adjunct to physical therapy in the treatment of spastic paralysis. Of the various forms of operative interference, Stoffel's nerve resection seems to give the most promising results when done on a suitable case."

When improvement once starts, it is not only progressive, but surprisingly widespread. ...Even an improvement in the mental condition has been noted."

McLaughlin, Harrison L., M. D. Indications for physical therapy in the treatment of fractures. The Physiotherapy Review, (The American Physiotherapy Association, 737 N. Michigan Ave., Chicago) January-February, 1940. Vol. 20, No. 1, page 24.

Massage: round table and demonstration. The Physiotherapy Review, (The American Physiotherapy Association, 737 N. Michigan Avenue, Chicago) January-February, 1940. Vol. 20, No. 1, page 29.

Matchett, Foster, M. D. Structural scoliosis: treating it by the Minerva type of distraction body jacket and multiple spine fusions. The Physiotherapy Review, (737 N. Michigan Avenue, Chicago, Illinois.) November-December, 1939. Vol. 19, No. 6, page 311.

Vinke, Theodore H., M. D. Risser treatment of scoliosis. The Physiotherapy Review, (The American Physiotherapy Association, 737 N. Michigan Ave., Chicago) January-February, 1940. Vol. 20, No. 1, page 8.

After describing the corrective cast and operative procedures in this type of treatment, the author concludes, "This procedure, we hope, is not the last word in the treatment of this very resistant and important deformity. Much remains to be desired. The treatment itself is quite severe and hard on the patient. One cannot hope for complete correction, but to date this treatment has been the most successful. We still should try to prevent this deformity and to treat it early."

Walker, Pierre J., M. D. The orthopedic management of arthritis. The Physiotherapy Review, (737 N. Michigan Avenue, Chicago, Illinois) November-December, 1939. Vol. 19, No. 6, page 332.

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